



State of California
Secretary of State

LIMITED LIABILITY COMPANY
CERTIFICATE OF AMENDMENT

A \$30.00 filing fee must accompany this form.

IMPORTANT – Read instructions before completing this form.

FILED *my 87*
Secretary of State
State of California
MAR 21 2013

1CC This Space For Filing Use Only

1. SECRETARY OF STATE FILE NUMBER 201210110434	2. NAME OF LIMITED LIABILITY COMPANY Cloud Imperium Services, LLC										
3. COMPLETE ONLY THE SECTIONS WHERE INFORMATION IS BEING CHANGED. ADDITIONAL PAGES MAY BE ATTACHED IF NECESSARY. A. LIMITED LIABILITY COMPANY NAME (END THE NAME WITH THE WORDS "LIMITED LIABILITY COMPANY," "LTD. LIABILITY CO." OR THE ABBREVIATIONS "LLC" OR "L.L.C.") Cloud Imperium Games, LLC B. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (CHECK ONE): <input type="checkbox"/> ONE MANAGER <input checked="" type="checkbox"/> MORE THAN ONE MANAGER <input type="checkbox"/> ALL LIMITED LIABILITY COMPANY MEMBER(S) C. AMENDMENT TO TEXT OF THE ARTICLES OF ORGANIZATION: D. OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE SET FORTH ON SEPARATE ATTACHED PAGES AND ARE MADE A PART OF THIS CERTIFICATE. OTHER MATTERS MAY INCLUDE A CHANGE IN THE LATEST DATE ON WHICH THE LIMITED LIABILITY COMPANY IS TO DISSOLVE OR ANY CHANGE IN THE EVENTS THAT WILL CAUSE THE DISSOLUTION.											
4. FUTURE EFFECTIVE DATE, IF ANY: <table border="1"><tr><td>MONTH</td><td>DAY</td><td>YEAR</td></tr></table>		MONTH	DAY	YEAR							
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5. NUMBER OF PAGES ATTACHED, IF ANY:											
6. IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED. <table border="1"><tr><td>SIGNATURE OF AUTHORIZED PERSON <i>Christopher Roberts</i></td><td>DATE <i>3/20/2013</i></td></tr><tr><td colspan="2">TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON CHRISTOPHER ROBERTS Manager</td></tr></table>		SIGNATURE OF AUTHORIZED PERSON <i>Christopher Roberts</i>	DATE <i>3/20/2013</i>	TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON CHRISTOPHER ROBERTS Manager							
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7. RETURN TO: <table border="1"><tr><td>NAME</td><td>1</td></tr><tr><td>FIRM</td><td></td></tr><tr><td>ADDRESS</td><td></td></tr><tr><td>CITY/STATE</td><td></td></tr><tr><td>ZIP CODE</td><td></td></tr></table>		NAME	1	FIRM		ADDRESS		CITY/STATE		ZIP CODE	
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